PTO/SB/21 (09-04) Approved for use through 07/31/2006.
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE erwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/743,538 Filing Date RANSMITTAL December 23, 2003 First Named Inventor **FORM** Nygaard et al. Art Unit 3641 **Examiner Name** Chambers, Troy (to be used for all correspondence after initial filing) Attorney Docket Number NPS-PT057

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)										
X	Fee Trans	smittal Form	\boxtimes	Drawin	ng(s)	-		After Allowance Communication to TC		
	X F	ee Attached		Licens	ing-related Papers			Appeal Communication to Board of Appeals and Interferences		
Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks		Docu	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): PTO-1559 with Assignment ument; Statement Under 37 3.73(b) and Form PTO-2038					
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								EIVI		
Firm Name		VOLPE AND KOENIG, P.C.								
Signature		fully level								
Printed name		Robert D. Leonard								
Date		30 SER 2005			Reg. No.	57,20)4			
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CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Date Typed or printed name Robert D. Leonard 30 SEP 2005

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE tion Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Fees puscing the Consolidated Appropriations Act, 2005 (H.R. 4818). Complete if Known 10/743,538 **Application Number** TRANSMITTAL Filing Date December 23, 2003 For FY 2005 First Named Inventor Nygaard et al. Chambers, Troy **Examiner Name** X Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3641 (\$) 550.00TOTAL AMOUNT OF PAYMENT NPS-PT057 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): 22-0493 Deposit Account Name: Volpe and Koenig, P.C. Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity** Small Entity Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 100 250 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 300 600 Reissue 150 500 250 300 200 0 0 Provisional 100 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) **Fee Description** 50 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 Multiple dependent claims Multiple Dependent Claims **Total Claims Extra Claims** Fee Paid (\$) Fee (\$) Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20 0.00 **Extra Claims** Fee Paid (\$) Indep. Claims Fee (\$) = 0.00HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Extra Sheets Fee Paid (\$) **Total Sheets** 0.00 (round up to a whole number) x - 100 = / 50 = Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: Three Month Extension Fee and Assignment Fee 550.00

SUBMITTED BY	11/1		
Signature	Palau Uluc	Registration No. 57,204 (Attorney/Agent)	Telephone 215-568-6400
Name (Print/Type	Robert D. Leonard		Date 30 Sep 2005

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